

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200

Check if different
than previously
reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2021

through

M M M / D D D / Y Y Y Y Y Y
02 28 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gross, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
02		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
02		28		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2021</td></tr></table>	Y	Y	Y	Y	Y	2021						<table><tr><td colspan="5">72764.90</td></tr></table>	72764.90				
Y	Y	Y	Y	Y													
2021																	
72764.90																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">7926.86</td></tr></table>	7926.86															
7926.86																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">82167.80</td></tr></table>	82167.80					<table><tr><td colspan="5">225056.30</td></tr></table>	225056.30									
82167.80																	
225056.30																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">90094.66</td></tr></table>	90094.66					<table><tr><td colspan="5">297821.20</td></tr></table>	297821.20									
90094.66																	
297821.20																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">78315.85</td></tr></table>	78315.85					<table><tr><td colspan="5">286042.39</td></tr></table>	286042.39									
78315.85																	
286042.39																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">11778.81</td></tr></table>	11778.81					<table><tr><td colspan="5">11778.81</td></tr></table>	11778.81									
11778.81																	
11778.81																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">166005.19</td></tr></table>	166005.19															
166005.19																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	76811.60	153711.60
(ii) Unitemized	5341.20	28364.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	82152.80	182076.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	82152.80	182076.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	15.00	42979.75
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	82167.80	225056.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82167.80	225056.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	78215.85	285837.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	78215.85	285837.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	205.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	205.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78315.85	286042.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78315.85	286042.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	82152.80	182076.55
34. Total Contribution Refunds (from Line 28(d))	100.00	205.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82052.80	181871.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	78215.85	285837.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15.00	42979.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	78200.85	242857.64

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Casperson, Carolina, , ,

Mailing Address 10 Boathouse Close

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2021

Transaction ID : SA11AI.40796

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Casperson, Carolina, , ,

Mailing Address 10 Boathouse Close

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2021

Transaction ID : SA11AI.40867

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Casperson, Carolina, , ,

Mailing Address 10 Boathouse Close

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2021

Transaction ID : SA11AI.40909

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 27
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Casperson, Carolina, , ,

Mailing Address 10 Boathouse Close

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2021

Transaction ID : SA11AI.40951

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dobrzanski, Frank, , ,

Mailing Address 5304 Sapphire Springs Drive

City

Knightdale

State

NC

Zip Code

27545-7585

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Expedient Resource Services

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2021

Transaction ID : SA11AI.40711

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harris, Jill, , ,

Mailing Address 2118 Parkwood Hills Drive Northeast

City

Rochester

State

MN

Zip Code

55906-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RSM

Occupation (for Individual)

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2021

Transaction ID : SA11AI.40819

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Minks, Rachel, , ,

Mailing Address 17024 Barium Street Northwest

City
Andover

State
MN

Zip Code
55304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2021

Transaction ID : SA11AI.40948

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Raffo, Frank, , ,

Mailing Address 135 Love Thirty Drive

City
Pinehurst

State
NC

Zip Code
28374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2021

Transaction ID : SA11AI.40866

Amount of Each Receipt this Period

37.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Raffo, Frank, , ,

Mailing Address 135 Love Thirty Drive

City
Pinehurst

State
NC

Zip Code
28374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2021

Transaction ID : SA11AI.40908

Amount of Each Receipt this Period

37.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

324.40

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Raffo, Frank, , ,

Mailing Address 135 Love Thirty Drive

City
PinehurstState
NCZip Code
28374FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2021

Transaction ID : SA11AI.40950

Amount of Each Receipt this Period

37.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Susan B Anthony List, Inc.

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

146000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2021

Transaction ID : SA11AI.40975

Amount of Each Receipt this Period

76000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

76037.20

76811.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Allen, Kaitlyn, , ,

Mailing Address 2121 Daniel Dr

City
SearcyState
ARZip Code
72143Purpose of Disbursement
Void 9/19/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41020**

Amount of Each Disbursement this Period

- 251.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Allen, Kaitlyn, , ,

Mailing Address 2121 Daniel Dr

City
SearcyState
ARZip Code
72143Purpose of Disbursement
Void 9/26/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41022**

Amount of Each Disbursement this Period

- 325.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot, IncMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.40988**

Amount of Each Disbursement this Period

503.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 74.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Askey, Lisa, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	1		

Mailing Address 2800 Shirlington Rd
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel / Shipping

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.40979**

Amount of Each Disbursement this Period

55.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capital City Partners

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	1		

Mailing Address 1100 H Street NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Voided 10/12/12 Payment - Check not cashed

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.40990**

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLECO Power, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	1		

Mailing Address P.O. Box 660228

City
DallasState
TXZip Code
75266Purpose of Disbursement
Voided 12/22/14 Payment - Check not cashed

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.41004**

Amount of Each Disbursement this Period

- 97.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 1042.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Dudley, Adrian, , ,

Mailing Address 4367 Splitlog Rd

City
GoodmanState
MOZip Code
64843Purpose of Disbursement
Void 8/15/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41012**

Amount of Each Disbursement this Period

- 145.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EAN Services LLC

Mailing Address PO Box 402383

City
AtlantaState
GAZip Code
30384Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2021

FEC Identification Number

C**Transaction ID : SB21B.41040**

Amount of Each Disbursement this Period

6228.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Evolving Strategies

Mailing Address 3125 1st Place North

City
ArlingtonState
VAZip Code
22201Purpose of Disbursement
Polling

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2021

FEC Identification Number

C**Transaction ID : SB21B.40987**

Amount of Each Disbursement this Period

76119.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

82201.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Four Star Printing

Mailing Address PO Box 567

City
LovettsvilleState
VAZip Code
20180Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2021

FEC Identification Number

C**Transaction ID : SB21B.40982**

Amount of Each Disbursement this Period

137.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Harris, Julie, , ,

Mailing Address 3654 Tara St

City
SpringdaleState
AZZip Code
72762Purpose of Disbursement
Voided 10/22/14 Payment - Check not cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41002**

Amount of Each Disbursement this Period

- 345.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. i360

Mailing Address P.O. Box 37046

City
BaltimoreState
MDZip Code
21297-3046Purpose of Disbursement
Data Subscription Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2021

FEC Identification Number

C**Transaction ID : SB21B.40982**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

292.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. i360

Mailing Address P.O. Box 37046

City
BaltimoreState
MDZip Code
21297-3046Purpose of Disbursement
Data Subscription Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2021

FEC Identification Number

C**Transaction ID : SB21B.41036**

Amount of Each Disbursement this Period

3713.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jones, Kristina, , ,

Mailing Address 121 Blueberry Ln

City
Maple HillState
NCZip Code
28454Purpose of Disbursement
Void 10/17/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41024**

Amount of Each Disbursement this Period

- 11.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LA Unemployment

Mailing Address P.O. Box 94050

City
Baton RougeState
LAZip Code
70804Purpose of Disbursement
Voided 10/16/14 Payment - Check not cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.40998**

Amount of Each Disbursement this Period

- 572.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3129.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Lee, Laurie, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	1		

Mailing Address 1104 Westpoint Court

City
Little RockState
ARZip Code
72211Purpose of Disbursement
Voided 10/6/14 Payment - Check not cashed

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.40997**

Amount of Each Disbursement this Period

- 606.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Luke, Martha, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	1		

Mailing Address 345 S Club Ave

City
St. GabrielState
LAZip Code
70776Purpose of Disbursement
Voided 10/17/14 Payment - Check not cashed

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41000**

Amount of Each Disbursement this Period

- 35.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Office Depot

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	1		

Mailing Address 6600 N Military Trail

City
Boca RatonState
FLZip Code
33496Purpose of Disbursement
Void 8/13/14 Payment - Check Not Cashed

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41025**

Amount of Each Disbursement this Period

- 239.73

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 881.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. PaychexMailing Address 3060 Williams Dr
#200City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Void 6/10/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41006**

Amount of Each Disbursement this Period

- 2392.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PaychexMailing Address 3060 Williams Dr
#200City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Void 5/19/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41007**

Amount of Each Disbursement this Period

- 152.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PaychexMailing Address 3060 Williams Dr
#200City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Void 6/10/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41008**

Amount of Each Disbursement this Period

- 620.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 3165.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. PaychexMailing Address 3060 Williams Dr
#200City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Void 6/11/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.41009**

Amount of Each Disbursement this Period

- 747.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PaychexMailing Address 3060 Williams Dr
#200City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Void 6/20/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.41010**

Amount of Each Disbursement this Period

- 450.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PaychexMailing Address 3060 Williams Dr
#200City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Void 9/3/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.41011**

Amount of Each Disbursement this Period

- 54.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 1251.63

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 27

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 3060 Williams Dr
#200

City
Fairfax

State
VA

Zip Code
22031

Purpose of Disbursement
Void 9/30/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2021

FEC Identification Number

C

Transaction ID : SB21B.41023

Amount of Each Disbursement this Period

- 6.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Powell, Thaddeus, , ,

Mailing Address 7745 SW EL CERRITO DR

City
Topeka

State
KS

Zip Code
66614

Purpose of Disbursement
Void 10/24/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2021

FEC Identification Number

C

Transaction ID : SB21B.41030

Amount of Each Disbursement this Period

- 4.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ross, Romondia, , ,

Mailing Address 3411 Ashur Ave.

City
Little Rock

State
AR

Zip Code
72204

Purpose of Disbursement
Void 7/18/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2021

FEC Identification Number

C

Transaction ID : SB21B.41014

Amount of Each Disbursement this Period

- 116.35

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 127.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Smith, Jodi, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2021

Mailing Address 2800 Shirlington Rd

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Shipping Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.40977**

Amount of Each Disbursement this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2021

Mailing Address 2850 S Quincy St

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.40977**

Amount of Each Disbursement this Period

12.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2021

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Voided 8/19/14 Payment - Check not cashed

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.40996**

Amount of Each Disbursement this Period

- 502.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

- 489.50

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. The Stoneridge Group, LLCMailing Address 4400 North Point Pkwy
Ste 190City
AlpharettaState
GAZip Code
30022Purpose of Disbursement
Void 7/23/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41018**

Amount of Each Disbursement this Period

- 375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wall, Daniel, , ,

Mailing Address 3692 Bell Arthur Rd.

City
GreenvilleState
NCZip Code
27834Purpose of Disbursement
Void 7/18/14 Payment - Check Not Cashed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2021

FEC Identification Number

C**Transaction ID : SB21B.41016**

Amount of Each Disbursement this Period

- 30.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 405.49

78184.90

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 27

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y

11/30/2021

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77452.55

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 27

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.13439

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

10118.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10118.58

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2018

Date Due

M M / D D / Y Y Y Y

11/30/2022

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10118.58

TOTALS This Period (last page in this line only)..... ►

87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 27

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Denton US LLPNature of Debt (Purpose):
Legal Fees

Mailing Address 1900 K Street NW

City
WashingtonState
DCZip Code
20006

Outstanding Balance Beginning This Period

35089.00

Transaction ID : SD10.39259

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35089.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Direct Mail Processors, Inc.Nature of Debt (Purpose):
Direct Mail Processing Fees

Mailing Address 1150 Conrad Court

City
HagerstownState
MDZip Code
21740

Outstanding Balance Beginning This Period

874.01

Transaction ID : SD10.40682

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

874.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EAN Services LLCNature of Debt (Purpose):
Travel

Mailing Address PO Box 402383

City
AtlantaState
GAZip Code
30384

Outstanding Balance Beginning This Period

6228.10

Transaction ID : SD10.40658

Amount Incurred This Period

0.00

Payment This Period

6228.10

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

35963.01

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 27

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

i360

Nature of Debt (Purpose):

Data Subscription Services, Canvassing

Mailing Address P.O. Box 37046

City

Baltimore

State

MD

Zip Code

21297-3046

Outstanding Balance Beginning This Period

3713.34

Transaction ID : SD10.39593

Amount Incurred This Period

0.00

Payment This Period

3713.34

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Media Bridge

Nature of Debt (Purpose):

Estimate digital ads

Mailing Address 11300 Astarita Ave

City

Partlow

State

VA

Zip Code

22534

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.15740

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

Zip Code

22206

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

12500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 27

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

18814.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 27

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Expense put on SBA CCMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
To post Thrifty Car Rental Expense put on
SBA CardMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Non-Federal - SuppliesMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.15960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6804.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 27

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Non-Federal - Travel

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

27.90

Transaction ID : SD10.15958

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Salary / Contractor Pay

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4324.16

Transaction ID : SD10.39334

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4324.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

4352.06

2) **TOTALS** This Period (last page this line number only)..... ►

78434.06

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

87571.13

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

166005.19